

MIDDLETOWN HEALTH DEPARTMENT

Vital Statistics

245 deKoven Drive
Middletown, CT 06457
860-638-4960

www.MiddletownCT.gov



REQUEST FOR A CERTIFIED COPY OF A MARRIAGE CERTIFICATE

PLEASE PRINT

Full Legal Names Before Marriage

Spouse 1: _____
First Middle Last

Spouse 2: _____
First Middle Last

Date of Marriage: _____ Town of Marriage: _____

The fee for a certified copy of a Marriage Certificate is \$20 per copy. *Forms of payment accepted: cash, check or money order made payable to: **Middletown Health Department***

Number of Copies Requested: _____ Amount Enclosed: \$ _____

Person Making This Request

Name: _____
First Middle Last

Address: _____
Street

Town/City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Relation to Person Named in Certificate: * _____

Signature: X _____

* In accordance with C.G.S. §7-51A, only the bride, groom or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the Social Security numbers.

If authorized, would you like the Social Security numbers to appear on the copies? ☐ No ☐ Yes*

*If Yes, the bride, groom or spouse **must** submit a copy of their photo ID. **Requests submitted without photo ID will not be processed and will be returned.**

For mail requests, send the completed request form to the above address along with a self-addressed, stamped envelope, payment, and any proof of relationship required as explained above.